Substitute for form 1449/PTO (Revised 07/2007)  INFORMATION DISCLOSURE STATEMENT BY APPLICANT					Complete if Known						
				Ap	Application Number 10/517,544						
				Fil	Filing Date			6/9/05			
				Fir	First Named Inventor			Hayashizaki			
				Ar	Art Unit			1637			
(Use as many sheets as necessary)					Examiner Name			A. Bertagna			
Sheet	1	1 of 1		Att	Attorney Docket Number		ımber	035576/285978			
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		Document Number			Publication Date						
Examiner	Cite			1 401			Name of Patentee or		Pages, Columns, Lines, Where Relevant Passages of Relevant Figures		
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		Cite No. Country Code - Number Kind Code (if known)			Publication Date MM-DD-YYYY		Name of Patentee or Applicant of Cited Document		Pa	ges, Columns, Lines,	English
Examiner	Cite									Where Relevant	Language
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		OTHER DOCUMENTS	
Examiner Initials*	Cite No.	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	English Language Translation Attached
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Signature	Considered	

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<sup>\*</sup>Examiner: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.